

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10		1				
11						
12		1				
13			1			
14		1				
15			1			
16		1				
17			1			
18		1				
19		1				
20	1					
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22	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	20	↔	↔	↔		
TOTAL CLAIMS	25					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						